

Complete Summary

GUIDELINE TITLE

Parameter on comprehensive periodontal examination.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on comprehensive periodontal examination. J Periodontol 2000 May; 71(5 Suppl):847-8. [28 references]

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SCOPE

DISEASE/CONDITION(S)

Periodontal Diseases

GUIDELINE CATEGORY

Diagnosis
 Evaluation

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on comprehensive periodontal examination for periodontal diseases.

TARGET POPULATION

Individuals suspected of having periodontal disease.

INTERVENTIONS AND PRACTICES CONSIDERED

Comprehensive periodontal examination

MAJOR OUTCOMES CONSIDERED

Diagnostic utility of the comprehensive periodontal examination in the evaluation of periodontal diseases.

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Patient Evaluation/Examination

Evaluation of the patient's periodontal status requires obtaining a relevant medical and dental history and conducting a thorough clinical and radiographic examination with evaluation of extraoral and intraoral structures. All relevant findings should be documented. When an examination is performed for limited purposes, such as for a specifically focused problem or an emergency, records appropriate for the condition should be made and retained.

1. A medical history should be taken and evaluated to identify predisposing conditions that may affect treatment, patient management and outcomes. Such conditions include, but are not limited to, diabetes, hypertension, pregnancy, smoking, substance abuse and medications or other existing conditions that impact traditional dental therapy. When there is a condition that in the judgment of the dentist requires further evaluation, consultation with an appropriate health care provider should be obtained.
2. A dental history, including the chief complaint or reason for the visit, should be taken and evaluated. Information about past dental and periodontal care and records, including radiographs of previous treatment, may be useful.
3. Extraoral structures should be examined and evaluated. The temporomandibular apparatus and associated structures may also be evaluated.
4. Intraoral tissues and structures, including the oral mucosa, muscles of mastication, lips, floor of mouth, tongue, salivary glands, palate, and the oropharynx, should be examined and evaluated.

5. The teeth and their replacements should be examined and evaluated. The examination should include observation of missing teeth, condition of restorations, caries, tooth mobility, tooth position, occlusal and interdental relationships, signs of parafunctional habits and, when applicable, pulpal status.
6. Radiographs that are current, based on the diagnostic needs of the patient, should be utilized for proper evaluation and interpretation of the status of the periodontium and dental implants. Radiographs of diagnostic quality are necessary for these purposes. Radiographic abnormalities should be noted.
7. The presence and distribution of plaque and calculus should be determined.
8. Periodontal soft tissues, including peri-implant tissues, should be examined. The presence and types of exudates should be determined.
9. Probing depths, location of the gingival margin (clinical attachment levels), and the presence of bleeding on probing should be evaluated.
10. Mucogingival relationships should be evaluated to identify deficiencies of keratinized tissue, abnormal frenulum insertions and other tissue abnormalities such as clinically significant gingival recession.
11. The presence, location and extent of furcation invasions should be determined.
12. In addition to conventional methods of evaluation; i.e., visual inspection, probing and radiographic examinations, the patient's periodontal condition may warrant the use of additional diagnostic aids. These include, but are not limited to: diagnostic casts, microbial and other biologic assessments, radiographic imaging or other appropriate medical laboratory tests.
13. All relevant clinical findings should be documented in the patient's record.
14. Referral to other health care providers should be made and documented when warranted.
15. Based on the results of the examination, a diagnosis and proposed treatment plan should be presented to the patient. Patients should be informed of the disease process, therapeutic alternatives, potential complications, the expected results and their responsibilities in treatment. Consequences of no treatment should be explained to the patient.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improve the comprehensive periodontal examination of periodontal diseases.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on comprehensive periodontal examination. J Periodontol 2000 May; 71(5 Suppl):847-8. [28 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 2-5 [26 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

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